

KENTUCKY STATE BOARD OF ACCOUNTANCY

332 W. Broadway, Suite 310

Louisville, KY 40202

(502) 595-3037

<http://cpa.ky.gov>

**APPLICATION FOR INITIAL LICENSE AS A KENTUCKY CERTIFIED PUBLIC ACCOUNTANT
BY RECIPROCITY**

Print in Ink or Type

NAME

(As it will appear on your license)

MAILING ADDRESS

CITY

STATE

ZIP CODE

DAYTIME PHONE NUMBER

EMAIL

DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

1. Have you ever been convicted, pled guilty or no contest to any state or federal felony or misdemeanor charge?
Yes No If yes, attach a copy of the Judgment, Sentence of Conviction and a letter of explanation.

2. Complete the following information:

- (a) Month and year (MM/YYYY) in which you completed the CPA Examination
(b) State in which you passed the CPA Examination
(c) State in which you hold an active license to practice
(d) License Number License Expiration Date (MM/DD/YYYY)

The information listed above must be verified by the state board of accountancy where you passed the exam and hold a license. This could require the submission of more than one "Authorization for Interstate Exchange of Information" form. Complete the top portion of the "Authorization for Interstate Exchange of Information" form and submit it to the appropriate jurisdiction for completion. The completed form should then be forwarded to the Kentucky State Board of Accountancy.

3. Have you ever had a CPA certificate, permit to practice or other professional license in this state or another state denied, revoked, suspended or subject to any other disciplinary action? Yes No
If yes, enclose a copy of the decision(s) and a letter of explanation of the circumstances.

FOR BOARD USE ONLY

LICENSE NUMBER _____

- () CERTIFICATES OF EXPERIENCE
() INTERSTATE EXCHANGE FORM
() TRANSCRIPTS
() \$100 LICENSE FEE

CERT BASIS: E R

STAFF APPROVAL _____ DATE _____

BOARD APPROVAL _____ DATE _____

**ATTACH A RECENT 2 X 2
PHOTOGRAPH**

**YOUR SIGNATURE MUST
APPEAR ON THE REVERSE
SIDE OF THE PHOTOGRAPH**

PROOF OF EXPERIENCE: An applicant must submit documentation of one year of experience in an accounting or auditing position that is verified by a CPA. The CPA must have held an active license to practice during the time being verified. One year means at least 2000 hours obtained in not less than a 12 month period. Please indicate below which document is being submitted:

Certificate of Experience form verified by a qualified CPA;

List the name, address, city, state, and zip code of each employer where you obtained your experience.

1.

2.

3.

FOR BOARD USE ONLY

Certified copies of experience forms filed with another licensing jurisdiction; or

One of the following which clearly reflects that the applicant has practiced public accounting as a full-time profession for four (4) of the last ten (10) years:

proof of public accounting errors and omissions insurance;

a letter from an attorney, client, or certified public accountant who has knowledge of the candidate's practice;

copies of firm license applications; or

copies of Schedule C of the applicant's personal tax returns.

CURRENT EMPLOYMENT INFORMATION

1. Are you currently employed? Yes No If yes, please provide the following information:

| FULL-TIME EMPLOYMENT | PART-TIME EMPLOYMENT |
|--|--|
| EMPLOYER ADDRESS EMPLOYMENT TYPE: <i>(Check One)</i> <div style="display: flex; justify-content: space-between;"> Public Accounting Education Industry Government </div> Other _____ | EMPLOYER ADDRESS EMPLOYMENT TYPE: <i>(Check One)</i> <div style="display: flex; justify-content: space-between;"> Public Accounting Education Industry Government </div> Other _____ |
| If employed in public accounting, indicate capacity: <div style="display: flex; justify-content: space-between;"> Partner Sole Proprietor Shareholder Employee </div> | If employed in public accounting, indicate capacity: <div style="display: flex; justify-content: space-between;"> Partner Sole Proprietor Shareholder Employee </div> |

SOLE PROPRIETOR REGISTRATION:

Sole proprietorships, by definition, are CPA firms. All firms are required to register with the Board. Firms who practice in legal forms such as PSCs, LLC, LLPs, etc. must be registered with the Kentucky Secretary of State as well as the Board, and must complete an Initial Firm Registration Form. If your sole proprietorship is not practicing in one of the legal forms listed above, you may register by providing the following information:

| | | | |
|--|---------------------------|----------|--|
| I am engaged in the practice of public accounting as a sole proprietor. The name and address of my firm is as follows and I have attached a list of CPA associates employed by me. | | | |
| Firm Name | | | |
| PO Box | Street Address (Required) | | |
| City | State | Zip Code | |
| Telephone Number | Email address | | |
| Peer Review Information: Are you performing any level of attest services? Yes No. If yes, you are required to be enrolled in a Peer Review Program. Please include documentation of your enrollment in a Peer Review Program with this application. | | | |

Attach a check made payable to the Kentucky State Board of Accountancy in the amount of \$100.00 and complete the certification on the following page.

CERTIFICATION AND ACKNOWLEDGEMENT

I _____ hereby certify that all information provided in this application is true and correct. Further, I do hereby acknowledge and agree that if a license as a Certified Public Accountant is issued as a result of this application and is later suspended, revoked, or expires I will immediately cease and desist from offering and providing services as a certified public accountant in this state.

Signature

Date

STATE OF _____)

COUNTY OF _____)

Subscribed and sworn to before me by _____ this day of _____, _____.

NOTARY PUBLIC

MY COMMISSION EXPIRES

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